

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI
SOUTHERN DIVISION

In Re:)
)
Catherine Rannow,)
)
Debtor,) Case No. 09-62571-abf7
)
Catherine Rannow,)
)
Plaintiff,)
)
Vs.) Adversary No. 10-06010
)
Sallie Mae, MOHELA (Missouri Higher)
Education Loan Authority), ACS/)
DEUTSCHE Bank and Charter One)
Bank, N.A.)

MOTION FOR DEFAULT JUDGMENT

COMES NOW, the Plaintiff/Debtor, Catherine Rolline Rannow, by and through her attorney of record, and respectfully requests that the Court enter a Default Judgment in the above matter against MOHELA (Missouri Higher Education Loan Authority), ACS/Deutsche Bank and Charter One Bank, N.A. for the following reasons:

- 1) The Complaint to Determine the Dischargeability of Certain Student Loan Debts Under 11 U.S.C. 523 was filed with this court on February 16, 2010;
- 2) That said Complaint was served by certified mail on the Defendants in late February, 2010 and early March, 2010. Copies of the return receipts are attached hereto;
- 3) It has been well more than the time allowed for the Defendants to respond to said Complaint;
- 4) There has been no response from the above named Defendants in this matter; and

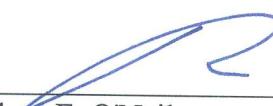
- 5) The Creditor Sallie Mae and Defendant have already entered into a proposed Stipulation and Order agreeing to discharge the debt owed to Sallie Mae in this matter.

WHEREFORE, the Debtor, respectfully requests that rather than take up additional court time and incur further fees in this matter that the Court enter a Default Judgment in favor of the Plaintiff/Defendant in the above case discharging all debts on the above named Creditors and for such other and further relief as the court deems just and proper in the above matter.

Dated: August 18, 2010.

O'NEIL, O'NEIL & YORK

By _____


Robert E. O'Neil
Missouri Bar No. 50978
301 North Adams
Lebanon, MO 65536
Email: oneil@oneiloneilnyork.com
Phone: 417-532-2101
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Attorneys For Debtor/Plaintiff

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LYNN HAVEN FL 32444

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Postage	\$ 0.61	0711
Certified Fee	\$ 2.80	03
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.71	

Postmark: LEBANON MO 65536-9999
Date: 02/22/2010

Sent To
Sallie Mae
Street, Apt. No.; P.O. Box 1002
or PO Box No.
City, State, ZIP+4
Lynn Haven, FL 32444-1683

See Reverse for Instructions

PS Form 3800, August 2006

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Postage	\$ 0.61	0711
Certified Fee	\$ 2.80	03
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.71	

Postmark: LEBANON MO 65536-9999
Date: FEB 22 2010

Sent To
MOHELA (Mo. Higher Education Loan Auth)
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4
633 Spirit Drive
Chesterfield, MO 63005

PS Form 3800, August 2006

See Reverse for Instructions

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NORWOOD MA 02062

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Postage	\$ 0.61	0711
Certified Fee	\$ 2.80	03
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.71	

Postmark: NORWOOD MA 02062
Date: 02/22/2010

Sent To
Charter One Bank, N.A.
Street, Apt. No.;
or PO Box No.
725 Canton Street
City, State, ZIP+4
Norwood, MA 02062

See Reverse for Instructions

PS Form 3800, August 2006

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UTICA NY 13501

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Postage	\$ 0.61	0711
Certified Fee	\$ 2.80	03
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.71	

Postmark: LEBANON MO 65536-9999
Date: 02/22/2010

Sent To
ACS/Deutsche Bank
Street, Apt. No.;
or PO Box No.
501 Bleecker Street
City, State, ZIP+4
Utica, NY 13501

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sallie Mae
P.O. Box 1002
Lynn Haven, FL 32444-1683

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Pat M. De* Agent
 Addressee

B. Registered by (Printed Name) *PAT M. De* C. Date of Delivery
10/22/04
D. Is delivery address different from item 1? Yes
 No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt Requested
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pat M. De Agent
 Addressee

B. Registered by (Printed Name) *Pat M. De*

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

MOHELA

Mo. Higher Education Loan Auth.

633 Spirit Drive
Chesterfield, MO 63005

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
Transfer from se

7008 3230 0001 4817 8167

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY	
<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
<input checked="" type="checkbox"/> A Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> B Received by (Printed name) 	<input type="checkbox"/> C Date of Delivery 2/26/12

Charter One Bank, N.A.							
725 Canton Street							
Norwood, MA 02062							
e 5 of 5							
<p>3. Service Type</p> <table> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt Request</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt Request	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt Request						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes						

PS Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540
L. Return number
Transfer from se 7008 3230 0001 4817 8181

Filed 08/19/10 Entered 08/19/10 Document 1 Page 5 of 5

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>1. Article Addressed to:</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Restricted Delivery Agreement for ACS</p> <p><i>✓</i> Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. If YES, enter delivery address below: <i>✓</i></p>	

ACS/Deutsche Bank
501 Bleeker Street
Utica, NY 13501